

with the level of infectious HIV in an infected person, it provides a surrogate marker for AIDS progression. This simple, rapid, quantitative, inexpensive assay may be used (1) As a prognostic indicator of HIV-1 infection and progression to AIDS; (2) in monitoring the effectiveness of anti-viral treatments; (3) to determine HIV-1 infection in infants born to HIV-infected mothers; and (4) to determine if vaccinated persons are infected with HIV-1. In addition, the assay may be used to detect and quantitate HIV-1 in clinical and research laboratories such as propagation in cell culture, isolation from PBMCs, neutralization assays, drug-sensitivity assays, etc. The assay may serve as the basis for an ELISA or immunoblot kit.

The NIH seeks licensee(s), who in accordance with requirements and regulations governing the licensing of government-owned inventions (37 CFR part 404), have the most meritorious plan for the development of the assay to meet the needs of the public and with the best terms for the NIH. The criteria that NIH will use to evaluate exclusive or non-exclusive license applications will include those set forth by 37 CFR 404.7(a)(1)(ii)-(iv).

EFFECTIVE DATE: In view of the high priority for developing new drugs for the treatment of HIV infection, all proposals must be received by no later than May 30, 1995.

ADDRESSES: Requests for a summary of the technology or other questions and comments concerning the biomedical aspects of this technology should be directed to: Cindy Fuchs, J.D., Office of Technology Development, National Cancer Institute, 1003 West Seventh Street, P.O. Box B, Frederick, MD 21702-1201; Telephone 301/846-1501; Fax 301/846-6820.

Requests for a copy of the patent application, license application form, or other questions and comments concerning the licensing of this technology should be directed to: Steven M. Ferguson, Acting Chief,

Infectious Disease Branch, Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852-3804; Telephone 301/496-7735 ext 266; Fax 301/402-0220. A signed confidentiality agreement will be required to receive a copy of the patent application.

Dated: March 17, 1995.

Barbara M. McGarey,
Deputy Director, Office of Technology Transfer.

[FR Doc. 95-7994 Filed 3-30-95; 8:45 am]

BILLING CODE 4140-01-P

Public Health Service

Agency Forms Submitted to the Office of Management and Budget for Clearance

Each Friday the Public Health Service (PHS) publishes a list of information collection requests under review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the PHS Reports Clearance Office on (202) 690-7100.

The following requests have been submitted for review since the list was last published on Friday, March 24.

1. FY 1996 Substance Abuse Prevention and Treatment Block Grant Application Format—0930-0080—Revision—Public Law 102-321 authorized block grants to States for the purpose of providing prevention and treatment services. Under provisions of the law, States may receive allotments only after an application is approved by the Secretary. This submission provides the States with the forms and instructions for their applications so they can comply with the requirements of the law and the regulations implementing the law. Only minor changes are made to facilitate electronic submission, clarify instructions and reflect phase-in of requirements in the 1992 block grant legislation. Respondents: State, Local or Tribal Government; Number of Respondents:

60; Number of Responses per Respondent: 1; Average Burden per Response: 530 hours; Estimated Annual Burden: 31,800 hours. Send comments to Shannah Koss, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, D.C. 20503.

2. Survey of Medical Schools to Investigate the Relationships Between Biomedical Research Funding and Specialty Choice—New—A brief survey of medical schools is proposed as part of a study of the relationship between level of funding for biomedical research and production of primary care graduates. Most data will be derived from secondary data sources: only four topics are covered in the survey. Respondents: Business or other for-profit; Not-for-profit institutions; Number of Respondents: 123; Number of Responses per Respondent: 1; Average Burden per Response: .5 hour; Estimated Annual Burden: 62 hours. Send comments to Shannah Koss, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, D.C. 20503.

3. National Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners—Regulations and Forms (45 CFR Part 60)—0915-0126—Revision—Data identifying incompetent, unprofessional and unethical physicians and health practitioners will be shared with licensing boards, professional societies, and selected health providers. These data will be used to maintain and improve health care and will be obtained from insurers, licensure boards, peer review committees, hospitals, and other providers. Respondents: Individuals or households; Business or other for-profit; Not-for-profit institutions; Federal Government; State, Local or Tribal Government. Send comments to Shannah Koss, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Title	Number of respondents	Number of responses per respondent	Average burden per response
60.6 (a) Reporting Corrections of Errors and Omissions	2,800	1.04	.25 hour
60.6 (b) Reports of Revisions to Original Actions	350	1.06	.75 hour
60.7 (b) Reporting Medical Malpractice Payments	150	105.33	.75 hour
60.8 (b) Reporting Licensure Action by State Boards	125	21.02	.75 hour
60.9 (a) Reporting Privileging and Professional Society Actions	1,000	1.08	.75 hour
60.9 (c) Request for Hearings by Entities Found in Noncompliance	1	1	8 hours
60.10 (a)(1) Hospital Queries on Applicants; 60.11(a)(1) Other Hospital Queries; 60.11 (a)(6) Queries for Professional Review.	7,200	38.33	.08 hour per name
60.10 (a)(2) Biennial Queries by Hospitals	6,000	186.83	.08 hour per name
60.11 (a)(2) Practitioner Queries	29,000	1	.25 hour
60.11(a)(3) State Licensure Board Queries	70	171	.08 hour
60.11(a)(4) Queries by Nonhospital Health Care Entities	1,860	139.78	.08 hour

Title	Number of respondents	Number of responses per respondent	Average burden per response
60.11 (a)(5) Queries by Attorneys	10	1	.25 hour
60.11(a)(7) Queries for Research Purposes	100	1	1 hour
60.14 (b) Practitioner's Disputing Data Bank Reports	1,080	1	.17 hour
60.14(b) Practitioner Requests for Secretarial Review	100	1	8 hours
60.14(b) Practitioner Statements	2,700	1	1 hour
Biennial Entity Verification Document	5,750	1	.25 hour
Entity File Update	1,150	1	.25 hour

Note: Estimated Total Annual Burden: 167,489 hours.

Written comments and recommendations concerning the proposed information collections should be sent within 30 days of this notice directly to the individual designated.

Dated: March 28, 1995.

James Scanlon,

Director, Data Policy Staff Office of the Assistant Secretary for Health and PHS, Reports Clearance Officer.

[FR Doc. 95-8022 Filed 3-30-95; 8:45 am]

BILLING CODE 4160-01-M

Method for Evaluating and Establishing Reimbursement Rates for Health Care Services Authorized Under the Indian Health Service Contract Health Service Regulations—Portland, Alaska, and Nashville Areas

AGENCY: Indian Health Service, HHS.

ACTION: Extension of Project Date.

SUMMARY: The termination date for the Portland Pilot Project now being conducted in the Portland, Alaska, and Nashville Areas to determine an alternative method of evaluating and establishing reimbursement rates for contract health services has been changed from March 31, 1995 to September 30, 1996.

FOR FURTHER INFORMATION CONTACT:

J.T. Garrett, Ed.D., Acting Chief, Health Care Administration Branch, Division of Health Care Administration/Contract Health Services, Room 6A-41, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-8373 (This is not a toll-free number).

SUPPLEMENTARY INFORMATION: The Indian Health Service (IHS) issued a general notice in 56 FR 10566 on March 13, 1991 to inform the public that the IHS was conducting a pilot project in the IHS Portland Area. This project is designed to determine whether an alternative method of evaluating and establishing reimbursement rates for contract health services will result in greater participation by health care providers and lower costs to IHS.

The project invited providers within the Portland Area to submit their most favorable rate quotations and was scheduled to end on March 31, 1992. The response was far greater than the expectations of the IHS. As a result of this greater than expected response, and the need to develop complex rate quotation analysis methodologies for facilities, outpatient and professional providers, and the need to develop preferred provider lists from these analyses, the termination date was extended to March 31, 1993, 57 FR 10671. The termination date was again extended to March 31, 1995, 58 FR 11864. Additionally, the IHS published notification on June 18, 1992, 57 FR 27262, that additional sites were being added to the pilot project to provide more information from a wide geographic area.

The evaluation of the facility component of the project was completed January 28, 1994. The overall results of the evaluation were positive. The formal review process of the professional provider component has not been completed. Extension of the project termination date to September 30, 1996 will allow the IHS time to complete the evaluation and to assess the results. Based upon the results of the evaluation, IHS will formulate, publish and implement a new payment and procurement policy for contract health services. We are, therefore, extending the termination date of this pilot project from March 31, 1995 to September 30, 1996.

This pilot project does not change the current IHS payment policy requirement that health care services be procured at rates which do not exceed prevailing Medicare rates.

Dated: March 24, 1995.

Michel E. Lincoln,

Acting Director.

[FR Doc. 95-7867 Filed 3-30-95; 8:45 am]

BILLING CODE 4160-16-M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Office of the Assistant Secretary for Community Planning and Development

[Docket No. N-95-1917; FR-3778-N-30]

Federal Property Suitable as Facilities To Assist the Homeless

AGENCY: Office of the Assistant Secretary for Community Planning and Development, HUD.

ACTION: Notice.

SUMMARY: This Notice identifies unutilized, underutilized, excess, and surplus Federal property reviewed by HUD for suitability for possible use to assist the homeless.

EFFECTIVE DATE: March 31, 1995.

ADDRESSES: For further information, contact David Pollack, Department of Housing and Urban Development, Room 7256, 451 Seventh Street SW, Washington, DC 20410; telephone (202) 708-1234; TDD number for the hearing- and speech-impaired (202) 708-2565, (these telephone numbers are not toll-free), or call the toll-free Title V information line at 1-800-927-7588.

SUPPLEMENTARY INFORMATION: In accordance with the December 12, 1988 court order in *National Coalition for the Homeless v. Veterans Administration*, No. 88-2503-OG (D.D.C.), HUD publishes a Notice, on a weekly basis, identifying unutilized, underutilized, excess and surplus Federal buildings and real property that HUD has reviewed for suitability for use to assist the homeless. Today's Notice is for the purpose of announcing that no additional properties have been determined suitable or unsuitable this week.

Dated: March 24, 1995.

Jacque M. Lawing,

Deputy Assistant Secretary for Economic Development.

[FR Doc. 95-7834 Filed 3-30-95; 8:45 am]

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